

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 27

Primary Registration District No. 5097

Registrar's No. 142

63-027176

FILED AUG 5 1963

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Shawnee Twp.

Length of stay in 1b
58 Yr

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Bates

c. CITY OR TOWN

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Shawnee Twp.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Eliza

Ellen

Greer

4. DATE OF DEATH

Month

Day

Year

August 1 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-7-78

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months 5

Days 24

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Hwie.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Clair Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John T. Cauthon.

13b. MOTHER'S MAIDEN NAME

Malissa Todd

14. NAME OF HUSBAND OR WIFE

Walter P. Greer, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Gerald Greer, Butler, Mo. R.F.D.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED

IMMEDIATE CAUSE (a)

Coronary occlusion

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

arteriosclerotic heart disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

10 min.

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 1958 to July 31 '63 and last saw her alive on July 31 - 63
Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

L. D. Laffner, M.D.

212 N. Main, Butler, Mo.

8/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-4-63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)

Adrian, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Six Funeral Service, Adrian, Mo.

25. DATE RECD. BY LOCAL REG.

8-2-63

26. REGISTRAR'S SIGNATURE

Norman Frank Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

1 0070

2 0070

3

4 1

5 2

6

7 0

8 0

9 4200

10

11

12 90-0

13 1

AUG 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Claude H. H. H.

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit issued 8-2-63
NCH*